

Case Number:	CM14-0104879		
Date Assigned:	07/30/2014	Date of Injury:	04/27/2013
Decision Date:	09/26/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 04/27/2013. Medical records regarding the original injury were not provided. This patient receives treatment of chronic neck and low back pain. The patient receives treatment for fibromyalgia, and migraine headache, which is not subject for review. A lumbar MRI on showed facet joint arthritic changes. On exam the treating physician noted the SLR test is mildly positive on the left. The patient's motor exam and reflexes of the lower extremities are normal.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional Aquatic Therapy x 4 lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient receives treatment for chronic low back pain. The patient received aquatic therapy and this request is for additional treatment sessions. Physical medicine treatment guidelines call for a fading of the frequency of therapy sessions and then a continuation of a home exercise program. The documentation was devoid of the number of

previous sessions, the result of these sessions, and whether or not the patient engages in a home base exercise program, and how the program to date has impacted the patient's return to function. Additional aquatic therapy is not medically indicated based on the documentation.